

# Arkansas State Veterans Cemetery Beautification Foundation

## CONTRIBUTOR PLEDGE CARD

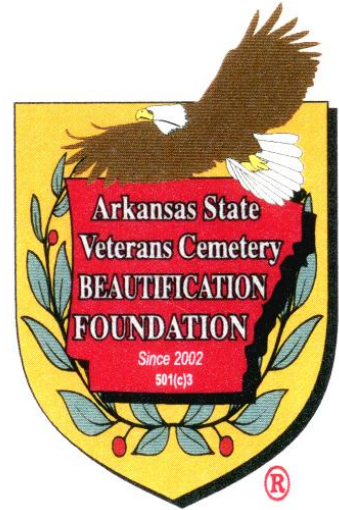
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

I hereby pledge:

( ) Per year, for as long as I am able ( ) One time donation

of \$\_\_\_\_\_ to the Arkansas State Veterans Cemetery Beautification Foundation. Enclosed please find my check for the payment of my pledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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